

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150022		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/21/2011	
NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST ELIZABETH HEALTH - CRAWFORDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 1710 LAFAYETTE RD CRAWFORDSVILLE, IN47933			
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A0000	<p>This visit was for a PPS-excluded psychiatric recertification.</p> <p>Date of Survey: 07-21-11</p> <p>Facility number: 005021</p> <p>Surveyor: John Lee, R.N. Public Health Nurse Surveyor</p> <p>QA: cloughlin 07/25/11</p>			A0000	<p>Thank you for allowing us to address the identified issues as we work to improve services for our patients.</p>		
A9999	<p>412.27(c)(1)(v) Distinct part psychiatric units: Additional requirements. A distinct part psychiatric unit must also meet the following requirements: Maintain medical records that permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the unit, and that meet the following requirements: Development of assessment/diagnostic data. Medical records must stress the psychiatric components of the record, including history of findings and treatment provided for the psychiatric condition for which the inpatient is treated in the unit. When indicated, a complete neurological</p>			A9999	<p>Neurological Examination:Responsible party: Medical DirectorThe physicians will begin to include in their dictation. A template will be created to serve as a guide for minimum dictation elements required. These will be provided to the physicians, posted in dictation areas, and used to create electronic templates where possible.Psychiatric Evaluation - Intellectual Functioning:Responsible party: Medical DirectorThe physicians will begin to include in their dictation. A template will be created to serve as a guide for minimum dictation elements required. These will be provided</p>		08/31/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>examination must be recorded at the time of admission physical examination.</p> <p>This rule is not met as evidenced by:</p> <p>Based on document review and interview, the facility failed to ensure when indicated, a complete neurological examination must be recorded at the time of the admission physical examination for 5 of 5 medical records (MR) reviewed (Patient #1, 2, 3, 4 and 5).</p> <p>Findings include:</p> <p>1. Review of patient #1's MR indicated the patient was admitted on 05-27-11 and the MR lacked documentation of a neurological screening on admission to determine if a neurological examination was indicated.</p> <p>2. Review of patient #2's MR indicated the patient was admitted on 05-08-11 and the MR lacked documentation of a neurological screening on admission to determine if a neurological examination was indicated.</p> <p>3. Review of patient #3's MR indicated the patient was admitted on 05-01-11 and the MR lacked documentation of a neurological screening on admission to determine if a neurological examination</p>				<p>to the physicians, posted in dictation areas, and used to create electronic templates where possible. Psychiatric Evaluation - Patient's Assets: Responsible party: Medical Director The physicians will begin to include in their dictation. A template will be created to serve as a guide for minimum dictation elements required. These will be provided to the physicians, posted in dictation areas, and used to create electronic templates where possible. Inpatient Treatment Plans - Modality Responsibility: Responsible party: Manager of Geripsych Unit The treatment plan form will be modified to include the responsibility assignment for each modality. Director of Inpatient Psychiatric Services Responsible party: Executive Director Dr. Cobbs has assumed the role of Medical Director for the psychiatric services. He is Board Certified. Medical Director review of quality and appropriateness of services: Responsible party: Manager of Geripsych Unit The Medical Director, unit manager (or designee), and social services will meet monthly to review general reports, specific case issues, staffing, educational needs, and any other unit issues that may be of concern. Minutes will be generated for these meetings and serve as 'proof' of the Medical Director oversight/monitoring. Social</p>		

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	<p>was indicated.</p> <p>4. Review of patient #4's MR indicated the patient was admitted on 04-23-11 and the MR lacked documentation of a neurological screening on admission to determine if a neurological examination was indicated.</p> <p>5. Review of patient #5's MR indicated the patient was admitted on 04-20-11 and the MR lacked documentation of a neurological screening on admission to determine if a neurological examination was indicated.</p> <p>6. On 07-21-11 at 1500 hours, staff #42 confirmed that the physicians used to fill out the results of individual nerve assessments and none were in patient #1, 2, 3, 4 and 5's MRs.</p> <p>7. Review of patient #1, 2, 3, 4 and 5's MR indicated it could not be determined whether or not a complete neurological examination was indicated at the time of the admission physical examination.</p> <p>412.27(c)(2)(vi) Distinct part psychiatric units: Additional requirements. A distinct part psychiatric unit must also meet the following requirements: Maintain medical records that permit determination of the</p>				<p>Services Care Oversight: Responsible party: Manager of Geripsych Unit The Social Services coordinator will review the quality and appropriateness of services and treatment as part of the monthly meeting with the Medical Director. Due to there being only one Social Services staff member, a social services contact from a partnering hospital will review the work of our social services at least quarterly (random chart selection) and offer feedback for improvement as/if needed.</p>		

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	<p>degree and intensity of the treatment provided to individuals who are furnished services in the unit, and that meet the following requirements: Psychiatric evaluation. Each inpatient must receive a psychiatric evaluation that must estimate intellectual functioning, memory functioning and orientation.</p> <p>This rule is not met as evidenced by:</p> <p>Based on document review and interview, the facility failed to ensure that each inpatient had a psychiatric evaluation that included estimated intellectual functioning for 5 of 5 medical records (MR) reviewed (Patient #1, 2, 3, 4 and 5).</p> <p>Findings include:</p> <p>1. Review of patient #1, 2, 3, 4 and 5's MR lacked documentation of estimated intellectual functioning when the psychiatric evaluation was completed.</p> <p>2. On 07-21-11 at 1500 hours, staff #42 confirmed that patient #1, 2, 3, 4 and 5's MRs lacked documentation of estimated intellectual functioning in the psychiatric evaluation.</p> <p>412.27(c)(2)(vii) Distinct part psychiatric units: Additional requirements. A distinct</p>						

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	<p>part psychiatric unit must also meet the following requirements: Maintain medical records that permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the unit, and that meet the following requirements: Psychiatric evaluation. Each inpatient must receive a psychiatric evaluation that must include an inventory of the inpatient's assets in descriptive, not interpretative fashion.</p> <p>This rule is not met as evidenced by:</p> <p>Based on document review and interview, the facility failed to ensure that each inpatient had a psychiatric evaluation that included an inventory of the patient's assets for 5 of 5 medical records (MR) reviewed (Patient #1, 2, 3, 4 and 5).</p> <p>Findings include:</p> <p>1. Review of patient #1, 2, 3, 4 and 5's MR lacked documentation of an inventory of the patient's assets when the psychiatric evaluation was completed.</p> <p>2. On 07-21-11 at 1500 hours, staff #42 confirmed that patient #1, 2, 3, 4 and 5's MRs lacked documentation of an inventory of the patient's assets in the psychiatric evaluation.</p>						

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	<p>412.27(c)(3)(i) Distinct part psychiatric units: Additional requirements. A distinct part psychiatric unit must also meet the following requirements: Maintain medical records that permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the unit, and that meet the following requirements: Treatment Plan. Each inpatient must have an individual comprehensive treatment plan that must be based on an inventory of the inpatient's strengths and disabilities. The written plan must include a substantiated diagnosis; short-term and long-term goals; the specific treatment modalities utilized; the responsibilities of each member of the treatment team; and adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out.</p> <p>This rule is not met as evidenced by:</p> <p>Based on document review and interview, the facility failed to ensure that each inpatient treatment plan identified modalities had which team member was responsible for the identified treatment modality for 5 of 5 medical records (MR) reviewed (Patient #1, 2, 3, 4 and 5).</p> <p>Findings include:</p>						

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	<p>1. Review of patient #1, 2, 3, 4 and 5's MR lacked documentation of which staff members were responsible for the treatment modalities identified in each patient's treatment plan.</p> <p>2. On 07-21-11 at 1500 hours, staff #42 confirmed that patient #1, 2, 3, 4 and 5's MRs lacked documentation of which staff members were responsible for the treatment modalities identified in each patient's treatment plan.</p> <p>412.27(d)(2)(i) Distinct part psychiatric units: Additional requirements. A distinct part psychiatric unit must also meet the following requirements: Meet special staff requirements in that the unit must have adequate numbers of qualified professional and supportive staff to evaluate inpatients, formulate written, individualized, comprehensive treatment plans, provide active treatment measures and engage in discharge planning as follows: Director of inpatient psychiatric services; Medical staff. Inpatient psychiatric services must be under the supervision of a clinical director, service chief, or equivalent who is qualified to provide leadership required for an intensive treatment program. The number and qualifications of doctors of medicine</p>						

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	<p>and osteopathy must be adequate to provide essential psychiatric services. The clinical director, service chief, or equivalent must meet the training and experience requirements for examination by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.</p> <p>This rule is not met as evidenced by:</p> <p>Based on document review and interview, the facility failed to ensure that the Director of inpatient psychiatric services met the training and experience requirements for examination by the American Board of Psychiatry and Neurology for 1 Psychiatric Medical Director (MD #1).</p> <p>Findings include:</p> <p>1. Review of MD #1's credential and privileging file lacked documentation of being board certified by the American Board of Psychiatry and Neurology and indicated that MD #1 passed the written examination for the American Board of Psychiatry and Neurology in 1996.</p> <p>2. On 07-21-11 at 1155 hours, staff #44 confirmed that MD #1 had 6 years after passing the written examination to complete the oral examination for the</p>						

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	<p>American Board of Psychiatry and Neurology and since MD #1 did not complete the oral examination within 6 years, then MD #1 was considered no longer eligible to complete the American Board of Psychiatry and Neurology board certification.</p> <p>412.27(d)(2)(ii) Distinct part psychiatric units: Additional requirements. A distinct part psychiatric unit must also meet the following requirements: Meet special staff requirements in that the unit must have adequate numbers of qualified professional and supportive staff to evaluate inpatients, formulate written, individualized, comprehensive treatment plans, provide active treatment measures and engage in discharge planning as follows: Director of inpatient psychiatric services; Medical staff. Inpatient psychiatric services must be under the supervision of a clinical director, service chief, or equivalent who is qualified to provide leadership required for an intensive treatment program. The number and qualifications of doctors of medicine and osteopathy must be adequate to provide essential psychiatric services. The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.</p>						

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	<p>This rule is not met as evidenced by:</p> <p>Based on interview the facility failed to ensure that the Director of inpatient psychiatric services monitored and evaluated the quality and appropriateness of services and treatment provided by the medical staff for 1 inpatient mental health unit.</p> <p>Findings include:</p> <p>1. On 07-21-11 at 1535 hours, staff #44 confirmed that the Director of inpatient psychiatric services was not reviewing the quality and appropriateness of services and treatment provided by the medical staff for the inpatient mental health unit.</p> <p>412.27(d)(5) Distinct part psychiatric units: Additional requirements. A distinct part psychiatric unit must also meet the following requirements: Meet special staff requirements in that the unit must have adequate numbers of qualified professional and supportive staff to evaluate inpatients, formulate written, individualized, comprehensive treatment plans, provide active treatment measures and engage in discharge planning as follows: Social Services. There must be a director of social services who monitors</p>						

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	<p>and evaluates the quality and appropriateness of social services furnished. The services must be furnished in accordance with accepted standards of practice and established policies and procedures. Social service staff responsibilities must include, but not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of appropriate information with sources outside the hospital.</p> <p>This rule is not met as evidenced by:</p> <p>Based on interview, the facility failed to ensure that the director of social services monitored and evaluated the quality and appropriateness of social services care provided for 1 inpatient mental health unit.</p> <p>Findings include:</p> <p>1. On 07-21-11 at 1535 hours, staff #44 confirmed that the director of social services was not reviewing the quality and appropriateness of services and treatment provided by social services for the inpatient mental health unit.</p>						